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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><small>(Only for nonprovisional applications under 37 CFR § 1.53(b))</small> |  | Attorney Docket No. <b>VIGN1540-1</b>  |  |
|   |  | First Inventor or Application Identifier <b>Pathak, et al.</b>                   |  |
|   |  | Title <b>SYSTEM AND METHOD FOR DYNAMICALLY APPLYING CONTENT MANAGEMENT RULES</b> |  |
|   |  | Express Mail Label No. <b>EV351127335US</b>                                      |  |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b><br>Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> <b>Fee Transmittal for FY 2003</b><br><small>(Submit an original and a duplicate for fee processing)</small><br>2. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages] <b>35</b><br><small>(preferred arrangement set forth below)</small><br><input checked="" type="checkbox"/> Descriptive Title of the Invention<br><input checked="" type="checkbox"/> Cross References to Related Applications<br><input checked="" type="checkbox"/> Background of the Invention<br><input checked="" type="checkbox"/> Summary of the Invention<br><input checked="" type="checkbox"/> Brief Description of the Drawings (if filed)<br><input checked="" type="checkbox"/> Description of Preferred Embodiments<br><input type="checkbox"/> References<br><input checked="" type="checkbox"/> Claim(s)<br><input checked="" type="checkbox"/> Abstract of the Disclosure<br>3. <input checked="" type="checkbox"/> <b>Drawing(s)</b> (35 USC 113) [Total Sheets] <b>5</b><br>4. <input checked="" type="checkbox"/> <b>Oath or Declaration</b> [Total Pages] <b>3</b><br>a. <input checked="" type="checkbox"/> Unexecuted (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><small>(for continuation/divisional with Box 17 completed)</small><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)<br>5. <input type="checkbox"/> <b>Incorporation By Reference</b> (useable if box 4b is checked).<br>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | 6. <input type="checkbox"/> <b>Microfiche Computer Program</b> (Appendix)<br>7. <b>Nucleotide and Amino Acid Sequence Submission</b><br><small>(if applicable, all necessary)</small><br>a. <input type="checkbox"/> Computer-Readable Copy<br>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br>c. <input type="checkbox"/> Statement verifying identity of above copies<br><b>ACCOMPANYING APPLICATION PARTS</b><br>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><small>(when there is an assignee)</small><br>10. <input type="checkbox"/> English Translation Document (if applicable)<br>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>12. <input type="checkbox"/> Preliminary Amendment<br>13. <input checked="" type="checkbox"/> Return Receipt Postcard<br>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small><br>16. <input checked="" type="checkbox"/> <b>Other: Certificate of Mailing; Filing Fee; Request for Non-Publication</b> |
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| <b>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment</b><br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part (CIP) of prior Application No.: _____<br>Prior application information: Examiner _____ Group / Art Unit _____ |  |
| <input checked="" type="checkbox"/> Claims the benefit of Provisional Application No. <b>60/429,625 filed November 27, 2002</b>  |  |

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| <b>CORRESPONDENCE ADDRESS:</b>  |   |
| Gray Cary Ware & Freidenrich LLP<br>1221 South MoPac Expressway, Suite 400<br>Austin, TX 78746-6875<br>Tel. (512) 457-7142<br>Fax. (512) 457-7001 | <b>Customer No. :</b><br><br><b>25094</b> |

TYPED or PRINTED NAME **John L. Adair**

SIGNATURE

REGISTRATION NO. **48,828**DATE: **November 26, 2003**

112603

16562 US PTO


PTO/SB/17 (11-01)

Approved for use through 04/30/2003. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| <b>FEE TRANSMITTAL</b><br><b>for FY 2003</b><br><i>Effective 01/01/2003. Patent fees are subject to annual revision.</i> |  | <b>Complete if Known</b> |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                |  | Application Number       |  |
|  |  | Unkn wn                  |  |
|  |  | Filing Date              |  |
|  |  | November 26, 2003        |  |
|  |  | First Named Inventor     |  |
|  |  | Heeren Pathak, et al.    |  |
|  |  | Examiner Nam             |  |
|  |  | Unknown                  |  |
|  |  | Art Unit                 |  |
|  |  | Unknown                  |  |
| TOTAL AMOUNT OF PAYMENT  |  | (\$) <b>860.00</b>       |  |
|  |  | Attorney Docket No.      |  |
|  |  | VIGN1540-1               |  |

| METHOD OF PAYMENT (check all that apply)   | FEE CALCULATION (continued)   |              |          |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
|--|---|--------------|----------|--|----------|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|-------------------------------------|--------|------|-----|------|-----|--|--|------|-----|------|-----|---------------------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|---------------------------------------|--------|------|--------|---|--|--|-----|--------------|----|--|--|----------------|-----|----------|-----|---|--|------|-----|------|-----|--|--|------|-------|---------|-----|---|----|------|-------|--------------------|-----|--|---|------|-----|------|------|--------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|---|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|--------------------|--------|------|-----|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|----|------------------------|--|---------------------------------------|--|--|--|--|--|--|--|--------------|--|--------------|--|----------------|--|----------|--|--|--|--|--|--|--|--|--|--|----|---------|---|---|----|---|-------|--------------------|---|--------|---|---|--|---|------|--------------------|--|--|--|---|--|---|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|----|------|---|------------------------|--|------|----|------|----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|----|------|----|--|--|------|----|------|---|--|--|--------------------------------------|--|--|--|--|--|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br>Deposit Account Number: <b>50-0456</b><br>Deposit Account Name: <b>Gray Cary Ware &amp; Freidenrich LLP</b><br>The Commissioner is authorized to: (check all that apply)<br><input type="checkbox"/> Charge (fees) indicated below. <input type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for filing fee to the above-identified deposit account.   | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="2"> <b>1. BASIC FILING FEE</b><br/> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6" style="text-align: center;"><b>SUBTOTAL (1) (\$)<b>770.00</b></b></td></tr> </tbody> </table> </td> <td colspan="2"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>25</td> <td>-20** =</td> <td>5</td> <td>X</td> <td>18</td> <td>=</td> <td>90.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3** =</td> <td>0</td> <td>X</td> <td></td> <td>=</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6" style="text-align: center;"><b>SUBTOTAL (2) (\$)<b>90.00</b></b></td></tr> </tbody> </table> </td> <td colspan="2"> <b>Other fee (specify) _____</b><br/> <b>SUBTOTAL (3) (\$)</b> _____       </td> </tr> </tbody></table> | Large Entity |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65  | Surcharge - late filing fee or oath |        | 1052 | 50  | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification             |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination    |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action     |  | 1805                                  | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251   | 110 | 2251         | 55 | Extension for reply within first month |  | 1252           | 410 | 2252     | 205 | Extension for reply within second month |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  | 1254 | 1,450 | 2254    | 725 | Extension for reply within fourth month |    | 1255 | 1,970 | 2255               | 985 | Extension for reply within fifth month |   | 1401 | 320 | 2401 | 160  | Notice of Appeal   |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>1. 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| Large Entity   |   | Small Entity |          | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$) |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1051   | 130   | 2051         | 65       | Surcharge - late filing fee or oath  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1052   | 50  | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1053   | 130   | 1053         | 130      | Non-English specification  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1812   | 2,520   | 1812         | 2,520    | For filing a request for ex parte reexamination                            |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1804   | 920*  | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1805   | 1,840*  | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1251   | 110   | 2251         | 55       | Extension for reply within first month                                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1252   | 410   | 2252         | 205      | Extension for reply within second month                                    |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1253   | 930   | 2253         | 465      | Extension for reply within third month                                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1254   | 1,450   | 2254         | 725      | Extension for reply within fourth month                                    |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1255   | 1,970   | 2255         | 985      | Extension for reply within fifth month                                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1401   | 320   | 2401         | 160      | Notice of Appeal   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1402   | 320   | 2402         | 160      | Filing a brief in support of an appeal                                     |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1403   | 280   | 2403         | 140      | Request for oral hearing   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1451   | 1,510   | 1451         | 1,510    | Petition to institute a public use proceeding                              |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1452   | 110   | 2452         | 55       | Petition to revive - unavoidable   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1453   | 1,300   | 2453         | 650      | Petition to revive - unintentional   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1501   | 1,300   | 2501         | 650      | Utility issue fee (or reissue)   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1502   | 470   | 2502         | 235      | Design issue fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1503   | 630   | 2503         | 315      | Plant issue fee  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1460   | 130   | 1460         | 130      | Petitions to the Commissioner  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1807   | 50  | 1807         | 50       | Processing fee under 37 CFR 1.17(q)  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1806   | 180   | 1806         | 180      | Submission of Information Disclosure Stmt                                  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 8021   | 40  | 8021         | 40       | Recording each patent assignment per property (times number of properties) |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1809   | 750   | 2809         | 375      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1810   | 750   | 2810         | 375      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1801   | 750   | 2801         | 375      | Request for Continued Examination (RCE)                                    |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1802   | 900   | 1802         | 900      | Request for expedited examination of a design application                  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| Other fee (specify) _____  |   |              |          |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6" style="text-align: center;"><b>SUBTOTAL (1) (\$)<b>770.00</b></b></td></tr> </tbody> </table>  |   | Large Entity |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 750 | 2001 | 375 | Utility filing fee                  | 770.00 | 1002 | 330 | 2002 | 165 | Design filing fee                                      |  | 1003 | 520 | 2003 | 260 | Plant filing fee                      |  | 1004 | 750   | 2004 | 375   | Reissue filing fee                                 |  | 1005 | 160  | 2005 | 80   | Provisional filing fee                                     |  | <b>SUBTOTAL (1) (\$)<b>770.00</b></b> |        |      |        |   |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>25</td> <td>-20** =</td> <td>5</td> <td>X</td> <td>18</td> <td>=</td> <td>90.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3** =</td> <td>0</td> <td>X</td> <td></td> <td>=</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> </tbody> </table> |     | Total Claims |    | Extra Claims                           |  | Fee from below |     | Fee Paid |     |   |  |      |     |      |     |  |  |      | 25    | -20** = | 5   | X                                       | 18 | =    | 90.00 | Independent Claims | 3   | -3** =                                 | 0 | X    |     | =    | 0.00 | Multiple Dependent |  |      |     | X    |     | =                                      |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| Large Entity   |   | Small Entity |          | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$) |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1001   | 750   | 2001         | 375      | Utility filing fee   | 770.00   |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1002   | 330   | 2002         | 165      | Design filing fee  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1003   | 520   | 2003         | 260      | Plant filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1004   | 750   | 2004         | 375      | Reissue filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1005   | 160   | 2005         | 80       | Provisional filing fee   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| <b>SUBTOTAL (1) (\$)<b>770.00</b></b>  |   |              |          |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| Total Claims   |   | Extra Claims |          | Fee from below   |          | Fee Paid        |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
|  |   |              |          |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
|  | 25  | -20** =      | 5        | X  | 18       | =               | 90.00    |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| Independent Claims   | 3   | -3** =       | 0        | X  |          | =               | 0.00     |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| Multiple Dependent   |   |              |          | X  |          | =               |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6" style="text-align: center;"><b>SUBTOTAL (2) (\$)<b>90.00</b></b></td></tr> </tbody> </table> |   | Large Entity |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18  | 2202 | 9   | Claims in excess of 20              |        | 1201 | 84  | 2201 | 42  | Independent claims in excess of 3                      |  | 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid |  | 1204 | 84    | 2204 | 42    | ** Reissue independent claims over original patent |  | 1205 | 18   | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2) (\$)<b>90.00</b></b>  |        |      |        |   |  | <b>Other fee (specify) _____</b><br><b>SUBTOTAL (3) (\$)</b> _____   |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| Large Entity   |   | Small Entity |          | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code     | Fee (\$) |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1202   | 18  | 2202         | 9        | Claims in excess of 20   |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1201   | 84  | 2201         | 42       | Independent claims in excess of 3  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1203   | 280   | 2203         | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1204   | 84  | 2204         | 42       | ** Reissue independent claims over original patent                         |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| 1205   | 18  | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |
| <b>SUBTOTAL (2) (\$)<b>90.00</b></b>   |   |              |          |  |          |                 |          |          |          |          |          |      |     |      |     |                                     |        |      |     |      |     |  |  |      |     |      |     |                                       |  |      |       |      |       |  |  |      |      |      |      |  |  |                                       |        |      |        |   |  |  |     |              |    |  |  |                |     |          |     |   |  |      |     |      |     |  |  |      |       |         |     |   |    |      |       |                    |     |  |   |      |     |      |      |                    |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |   |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                       |  |  |  |  |  |  |  |              |  |              |  |                |  |          |  |  |  |  |  |  |  |  |  |  |    |         |   |   |    |   |       |                    |   |        |   |   |  |   |      |                    |  |  |  |   |  |   |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                                      |  |  |  |  |  |  |  |

| SUBMITTED BY      |   | Complete (if applicable)          |                          |
|-------------------|---|-----------------------------------|--------------------------|
| Name (Print/Type) | <b>John L. Adair</b>  | Registration No. (Attorney/Agent) | <b>48,828</b>            |
| Signature         |  | Telephone                         | <b>512.457.7142</b>      |
|                   |   | Date                              | <b>November 26, 2003</b> |

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

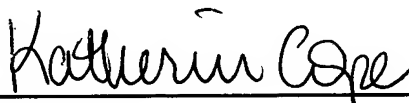
Gray CaryAU4118225.1

| IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  |  |
|---|--|
| <b>CERTIFICATE OF MAILING BY "EXPRESS MAIL"</b>   | Atty Docket No. (Optional)<br><b>VIGN1540-1</b>  |
| <b>Mail Stop Patent Application</b><br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450<br><br>Sir: | In the Application of:<br><b>Pathak, et al.</b>  |
|   | Date Filed:<br><b>November 26, 2003</b>  |
|   | Title:<br><b>SYSTEM AND METHOD FOR DYNAMICALLY<br/>APPLYING CONTENT MANAGEMENT RULES</b> |

I hereby certify that the attached Utility Patent Application Transmittal Form, Fee Transmittal, unexecuted Declaration and Power of Attorney, Request for Nonpublication, Utility Patent Application, five (5) pages of Drawings, Check and Postcard are being deposited with the United States Postal Service "EXPRESS MAIL Post Office to Addressee" service under 37 C.F.R. § 1.10, Mailing Label Certificate No. **EV351127335US**, on **November 26, 2003**, addressed to: **Mail Stop Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Respectfully submitted,

**Gray Cary Ware & Freidenrich LLP**



Katherin Cope


**EV351127335US**)

|  |                      |   |
|--|----------------------|---|
| <b>REQUEST AND CERTIFICATION<br/>UNDER<br/>35 U.S.C. 122(b)(2)(B)(i)</b> | First Named Inventor | Heeren Pathak, et al.   |
|  | Title                | SYSTEM AND METHOD FOR<br>DYNAMICALLY APPLYING CONTENT<br>MANAGEMENT RULES |
|  | Atty. Docket:        | VIGN1540-1  |

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

November 26, 2003

Date

  
John L. Adair  
Reg. No. 48,828

This request must be signed in compliance with 37 C.F.R. 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

**Burden Hour Statement:** This collection of information is required by 37 C.F.R. 1.213(a). The information is used by the public to request that an application not be published under 35 U.S.C. 122(b) (and the PTO to process that request). Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.14. This form is estimated to take 6 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.